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To:

Division of Corporations

Fax Number : (850) 617 6390

From:

Account Name : INCORP SERVICES INC

Account Number : 12012000007

Phone : (702)866-2500

Fax Number : (702)366 2689

T: Enter the email address for this business entity to be used for tutors.** annual report mailings. Enter only one email address please.** $\alpha \approx m \approx m$

Email Address: ______ Documents@incorp.com

REGISTERED AGENT CHANGE EQUIPMENT ENTERPRISES, INC.

Certificate of Status	0
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H20000118324 3

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: EQUIPMENT ENTERPRISES, INC.

Name of Corporation

DOCUMENT NUMBER: P99000086932

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jackie DeFilippis

Name of Contact Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. - Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

Documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie DeFilippis on behalf of InCorp Services, Inc. at 800-246-2677 Ext. 6915

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassec, FL 32314

Street Address:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a corp	poration organized	07.1508, or 617.1508, Floi Lunder the laws of the Stat Lagent, or both, in the State	e ofFL	
1. The name of the	ne corporation: EQUIPM	ENT ENTERPR	ISES, INC.		
2. The principal of	office address: 3727 PR	OSPECT AVE			
, .		FL 34104			
3. The mailing ac	idress (if different):				
4. Date of incorp	oration/qualification:	09/29/1999	_ Document number:	P99000086932	
	street address of the curre ment of State: (If resigner		t and registered office on fi	ile with the	
	INCORP SERVICES, INC.				
	1672 Jewel Box Ave				
	Naples, FL 34102			DZO A	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	17888 67th Court Nor	th.		9: 4 JANE JORIE J. 14: 9	
P.O. Box NOT acceptable					
	Loxahatchee, FL 3347	70			
The street address changed will	ss of its registered office be identical.	and the street add	ress of the business office	of its registered agent,	
Such change wa authorized by th	s authorized by resolutio e board, or the corporation	n duly adopted by on has been notific	its board of directors or bed in writing of the change	oy an officer so e.	
V17-16	· look	ι	DAN K EBERHART, Pre	esident	
Signatur	c of an officer of director		Printed or typed name		
I further agree to of my duties, and document is bei	o comply with the provis d I am familiar with and	ions of all statutes accept the obligat a change in the re	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I	d complete performance - stered agent. Or, if this -	
Jacker Liggie April 20, 2020					
(/ Sign	nature of Registered Agent		Date		
If signing on bel	half of an entity:				
	Filippis on behalf of InC	Corp Services, In	C.		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

* * * FILING FEE: \$35.00 * * *